	in.	esa.									nn ne (89 87)
		, A			PTO/SB/06 (08-01) Approved for use through 7/31/2008. CMS 0651-0032 U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE						
Indicate December 2014 when the state of 1995, no necessary are promitted to respond to a collection of information unless a displays a visit units control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Application or Doct Number O 1 836978											800
	(711		Substitute			\mathcal{O}	7/036	7.70			
							OTHER	THAN			
CLAIMS AS FILED - PARTI							SMALLE	NTITY	OR	SMALL	
(Column 1) (Column 2)					\neg			1			
	FOR	HUNGE	HUNGER FILED				RATE	FEE		RATE	FEE
BASIC FEE							1	5	OR	1	3
(37 CFR 1.15(a)) TOTAL CLAIMS		+ 44								X	
(37 CFR 1.16(cl)		30	30 minus 20 = 1				×5		OR	× *=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		^s 3	3 minus 3 -		·		x 8«		OR	X 8 *	
MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+1		OR	٠,ه			
-				- TT in cohumn 2	TOTAL		OR	TOTAL			
* if the difference in column 1 to less than asino, enter 10" in column 2.											
CLAIMS AS AMENDED - PART II											
۸	(Column 2) (Column 3)					- 21	SMALL E	MTITY	OR	OTHER	THAN ENTITY
نكا		(Column 1)	·/				SWALLE	, reise t	1	OWALL	E34111 1
		CLAIMS REMAINING	1	HIGHEST NUMBER	PRESE		RATE	ADOI-		RATE	ADOS- TIONAL
١Ě١		AFTER	1 1	PREVIOUSLY	EXTR	^		TIONAL	l	l	FEE
NEN EX		· DO	Minus	PAID FOR	-	1			1		7
	Total profit liters	99_		30	 		x 5=		QR.	<u> </u>	/
Z	propendent (propendent	. 3	Minus	<i>"3</i>	-		x 8		OR.	x s=	
₹	FIRST PRESENT	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))			+		OR	+5_=			
							TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
l					ADDETEL				-		
L_		(Column 1)		(Coturns 2)			1				
00 11		CLAIMS		HIGHEST NUMBER	PRESI	ENT	RATE	ADDI-	1	RATE	ADOI-
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EN T	<u> </u>	AMENDMENT	Maus	PAID FOR	= 1	-		725	1	60	1
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AMENDM	endependent (3° O'R 1 180-9	3	Minus	" 3			X 3		OR	× 200 -	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(4))						+3		OR.	+360=	1-4-
							TOTAL ADD'L FEE	I	OR	ADO'L FEE	
1	1100 h	_					ADDETEL		J		
10	ひんみれり	(Column 1)_		(Column 2)	(Cotur	nn 3)			_		
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5		REMAINING		PREVIOUSLY			~~"	TIONAL	1	1	TIONAL
ΙŹ		AMENDMENT		PAID FOR			ļ 	FEE	-1		FEE
Ĭ	Total (12 CFR 1.18pt)	1.19	Minus	" 80_	-		×8		OR	× 4	1
AMENDMENT	Independent par GFR 1.160()	1 3	Minus	" 3	-		x s=		OR	xs	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(41))						+3		OR	+ 5		
							TOTAL		1	TOTAL	T
1							ADD'L FEE		J OR	ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.											

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* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20",

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20",

"It the "Highest Number Previously Paid For' IT THIS SPACE is less then 2, enter "21",

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